

FEDERAL EMERGENCY MANAGEMENT AGENCY  
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077  
Expires December 31, 2005

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

<b>SECTION A - PROPERTY OWNER INFORMATION</b>			For Insurance Company Use:
BUILDING OWNER'S NAME Raphael J. Caprio & Nancy Moore-Caprio			Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 11 S. 33 <sup>rd</sup> Ave.			Company NAIC Number
CITY Longport	STATE NJ	ZIP CODE 08403	FEB 11 REC'D BOROUGH OF LONGPORT CONSTRUCTION OFFICE
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Block 92 lot 8			
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) Residential			
LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ###" or #####°)		HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983	SOURCE: <input type="checkbox"/> GPS (Type): <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other: _____

**SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION**

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER Borough of Longport 345302		B2. COUNTY NAME Atlantic		B3. STATE NJ	
B4. MAP AND PANEL NUMBER 0001	B5. SUFFIX B	B6. FIRM INDEX DATE	B7. FIRM PANEL EFFECTIVE/REVISED DATE 8/15/83	B8. FLOOD ZONE(S) A8	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 10.0

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.

☐ FIS Profile ☒ FIRM ☐ Community Determined ☐ Other (Describe): \_\_\_\_\_

B11. Indicate the elevation datum used for the BFE in B9: ☒ NGVD 1929 ☐ NAVD 1988 ☐ Other (Describe): \_\_\_\_\_

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? ☐ Yes ☒ No Designation Date \_\_\_\_\_

**SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)**

C1. Building elevations are based on: ☐ Construction Drawings\* ☐ Building Under Construction\* ☒ Finished Construction

\*A new Elevation Certificate will be required when construction of the building is complete.

C2. Building Diagram Number 8 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

C3. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO

Complete Items C3.-a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.

Datum \_\_\_\_\_ Conversion/Comments \_\_\_\_\_

Elevation reference mark used \_\_\_\_\_ Does the elevation reference mark used appear on the FIRM? ☐ Yes ☐ No

- ☐ a) Top of bottom floor (including basement or enclosure) 6.70 ft.(m)
- ☐ b) Top of next higher floor 9.20 ft.(m)
- ☐ c) Bottom of lowest horizontal structural member (V zones only) \_\_\_\_\_ ft.(m)
- ☐ d) Attached garage (top of slab) \_\_\_\_\_ ft.(m)
- ☐ e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) \_\_\_\_\_ ft.(m)
- ☐ f) Lowest adjacent (finished) grade (LAG) 6.7 ft.(m)
- ☐ g) Highest adjacent (finished) grade (HAG) 6.9 ft.(m)
- ☐ h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 4
- ☐ i) Total area of all permanent openings (flood vents) in C3.h 256 sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date

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**SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION**

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information.

I certify that the information in Sections A, B, and C on this certificate represents my best efforts to interpret the data available.

I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

CERTIFIER'S NAME PAUL H. KOELLING

LICENSE NUMBER NJ 24GS 02177100

TITLE Professional Land Surveyor

COMPANY NAME PAUL H. KOELLING & ASSOCIATES

ADDRESS  
2161 Shore Road

CITY  
Linwood

STATE  
NJ

ZIP CODE  
08221

SIGNATURE

*Paul H. Koelling*

DATE  
April 21, 2003

TELEPHONE  
(609) 927-0279